

## CRIMINAL BACKGROUND CHECK AUTHORIZATION

Print Name:

(First)

(Middle)

(Last)

Former Name(s) Used:

Current Address Since:

(Month/Year)

(Street)

(City)

(Zip/State)

Previous Address From: \_\_\_\_\_

(Month/Year)

(Street)

(City)

(Zip/State)

*If living at the addresses above for less than 7 years (combined), a third address is required.*

Previous Address From: \_\_\_\_\_

(Month/Year)

(Street)

(City)

(Zip/State)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The information contained in this form is correct to the best of my knowledge and any false information is automatic grounds for dismissal. I hereby give my consent for **HEALTH-PRO Homecare Services, Inc.** to run random Criminal Background checks of my record prior to, and/or after my employment, or regarding any suspensions or reports that may be brought to the Agency's attention in the future.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_